REPLY BY THE MINISTER OF THE HEALTH AND SOCIAL SERVICES DEPARTMENT TO A QUESTION ASKED PURSUANT TO RULE 6 OF THE RULES OF PROCEDURE BY DEPUTY L. C. QUERIPEL

Question 1

As you are aware, the purpose of the Financial Transformation Programme is to transform departmental delivery of services and identify efficiency savings. With this in mind, can you tell me please, are there are any areas within Health and Social Services, that the department consider to be 'no go areas' in relation to the FTP?

Answer 1

The Heath and Social Services Department is fully supportive of the Financial Transformation Programme. Every aspect of the Department's work is potentially subject to review, in order to ensure that we are working as efficiently as possible in each area. However, the Department is committed to protecting the front-line healthcare and social services which we are mandated to provide, and our challenge is to control expenditure without putting these services at risk.

Question 2

Do the department engage with staff at ALL levels, in an attempt to transform the delivery of services and identify efficiency savings?

Answer 2

Staff at every level of the organisation have been encouraged to put forward their ideas for improving efficiency and saving money. In developing its financial recovery plans during 2013, the Department actively engaged with staff across HSSD to identify potential opportunities for working more efficiently, increasing income generation and reducing non-essential expenditure.

Question 3

The Treasury and Resources department recently saved £5,400 by printing the 2014 Budget in black and white, instead of the usual full colour version.

- A) How much did your department spend on producing leaflets, brochures, reports etc in colour during 2012?
- *B)* How much would it have cost to print the same documents in black and white?

Answer 3

Different services across the Health and Social Services Department produce information leaflets, reports and publicity for many different purposes, to reach many different audiences.

The Department does not have a single stationery budget, and a substantial amount of work would be required to identify printing costs in each area, to work out how much of this relates

to colour printing, and to try and estimate the savings that could be achieved by printing in black and white instead.

However, I can give one recent example – HSSD has now switched its in-house newsletter, 'The Source', from colour to black and white, and has reduced the size of the print run. This has brought the quarterly cost down to just over £300, where previously the magazine cost over £1,000 to produce. The Department uses electronic communication wherever possible, but, given its diverse staff base and working patterns, printed material also remains an effective way of communicating with some staff across HSSD.

All staff within HSSD are aware of the need to manage money responsibly, and the Department relies on their good judgment in deciding on their preferred print format for information leaflets and other documents, bearing in mind the target audience(s) which these are intended to reach.

Question 4

In October 2009 the Scrutiny Committee produced a report entitled 'Investigating vandalism'. In that report the committee set out recommendations for all States departments to consider. I would very much like an update regarding the progress your department has made in relation to those recommendations: are you able to provide me with that update?

Answer 4

Recommendation 18 of the Scrutiny Committee's report on Investigating Vandalism was: "All Departments to display advertising to promote Crimestoppers: (a) on any fleet vehicles, (b) in public areas, to encourage reporting of incidents."

HSSD accepted this recommendation and put Crimestoppers stickers on its fleet vehicles. The majority of the fleet still have stickers, and HSSD would be happy to receive further stickers from Crimestoppers and put these on new vehicles as these are added to the fleet.

None of the other recommendations in the report were directed at HSSD.

Question 5

Can you please tell me if any HSSD officers, or Board members, accompany the States Building Control Inspector on site visits to the new Mental Health block currently being constructed at the Oberlands: in an attempt to supply supervision and oversight: also to ensure that building specifications are being complied with at every stage of construction?

Answer 5

HSSD's own staff and contracted Design Team (which includes architects, quantity surveyors, structural engineers and other relevant professionals) frequently visit the site of the Mental Health and Wellbeing Centre, to monitor progress against contract and to ensure the building will meet the future needs of the service.

However, that is a separate function to that of the Building Control Officer, who is responsible for inspecting the work at regular intervals, to ensure it complies with the appropriate Guernsey regulations and the approved plans and specifications for the work.

By way of clarification, the Building Control Officer is a States-appointed officer with the qualifications, skills and experience required to inspect building works to ensure they comply with the respective building regulations.

It is unusual for the building owner to accompany the Building Control Officer on visits to large-scale and complex developments, such as the new Mental Health and Wellbeing Centre.

Question 6

- A) When was the last time a review of patient care for the elderly, undertaken at the PEH?
- *B)* Who undertook the review?
- *C)* What was the result of that review?

Answer 6

The Health and Social Services Department participates in a regular, comprehensive assessment of the quality of its health services, which is run by Caspe Health Knowledge Systems (CHKS). The most recent review was undertaken in November 2012, and the results were received this autumn. HSSD was found to be 99% compliant, and is presently making some small changes to policies in order to achieve full accreditation. The scope of the CHKS assessment includes care for the elderly, and for other vulnerable people, but no specific separate review has been carried out on care for older people in the PEH.

When major national reviews take place, HSSD considers what lessons can be learned for Guernsey. Recently, the Department has assessed the 290 recommendations of the Francis Report into care at the Mid-Staffordshire NHS Foundation Trust. Most of these relate to the structure of the NHS, and so do not apply to Guernsey; but HSSD has identified some important messages about improving communication with patients and relatives, and front-line staff, which it hopes to develop over the coming year. It should be emphasised that there is a high quality of hospital care in Guernsey, which bears no comparison with the terrible events at Mid-Staffordshire; and the Department acts on issues relating to quality of care whenever these are identified, in order to keep improving services.

Some of the training measures which the Department takes to ensure that its staff can provide good care to older people in hospital are outlined below:

- All registered nurses are trained in care of the elderly. This includes learning about caring for patients with dementia and physically frail patients, preserving dignity, and ensuring communication.
- Nurses can further develop their skills post-registration, by undertaking specific training modules on dementia and/or end-of-life care. These modules are offered on a regular basis at the Institute of Health and Social Care Studies at the PEH.

• Practice Development Nurses work on the wards at the PEH, helping to identify specific training needs and provide ongoing training to staff, which may relate to care of the elderly where appropriate.

Going into hospital can be difficult or distressing for people of any age. Older people, who may be physically or mentally frail, and who may be more likely to suffer complications or take longer to recover, may find the experience even more challenging. However, all hospital staff seek to provide sensitive, safe and effective care for older people, which respects their privacy and dignity; and to ensure that their time at the PEH is as comfortable as possible.

M H Dorey

Health and Social Services Minister

M. H. Woren

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